TOTAL

ilitekteres

**DOIT. FEE** 

TOTAL

ADDIT, FEE

Application or Docket Number

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."





## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

107346-00017

CLAIMS AS FILED - PART I (Column 1)					(Column 2)		SMALI TYPE	SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			20			·	RAT	<b>[</b> ]	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		*		X\$ 9	= [	·	OR	X\$18=	
INC	EPENDENT CL	AIMS	/ minus 3 =		*		X40	₌		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135	_		OR	+270=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	TOTA	L		OR	TOTAL	710
CLAIMS AS AMENDED - PART (Column 1) (Colum						(Column 3)	SMAI	-L E	NTITY	OR	OTHER SMALL I	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATI	≣	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	us **		=	X\$ 9	=	:	OR	X\$18=	
AME	Independent	*	Minus ***  JLTIPLE DEPENDEN		F OL ALLA	=	X40:	-		OR	X80=	
	FIRST PRESE	NTATION OF MI	JUITPLE DEF	PINDEN	CLAIM		+135	_		OR	+270=	
							TO <sup>-</sup> ADDIT. F			OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)				• .	ADDII. 1 EE	
AMENDMENT B	<b>9</b> )	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	-		OR	X\$18=	
	Independent	*	Minus *** LTIPLE DEPENDENT		- 01 4114	=	X40=	=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JETIPLE DEF	ENDEN	CLAIM		+135	_		OR	+270=	
							TO1 ADDIT. F			OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colui		(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	_	=	X\$ 9:	=		OR	X\$18=	
AME	Independent	*	Minus ***		F OL ALAA	=	X40=			OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF M	OLITPLE DEI	'ENDEN	CLAIM		+135	<u></u>		OR	+270=	
**	If the "Highest Nu	mn 1 is less than the mber Previously Pa mber Previously P	aid For" IN THI	S SPACE i	s less tha	n 20, enter "20."	, TOT ADDIT. F			OR	TOTAL ADDIT. FEE	